

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

**RECEIVED**

JAN 26 2011

Secretary of State  
Capitol Office

DATE STAMP

Name of Candidate ROGER G. ISHEE

Address 2148TH ST. GULFPORT, MS 39507-4038

Telephone 228 864-4975 Fax 228 864-0929

Contact Name ROGER G. ISHEE Email rishee@house.ms.gov

Office Sought REPRESENTATIVE Political Party REPUBLICAN

☐ Check here if above is different from previous report

**TYPE OF REPORT**

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,900+\$ 700	\$ 2,600	\$ 2,600
Total amount of disbursements	\$ 520+\$ 235	\$ 755	\$ 755
Total amount of cash on hand	INCLUDES \$1,528 FROM 2009 \$ 3,373		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Roger G. Ishee  
Signature of Candidate

JAN. 26, 2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-876-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee ROGER G. ISHEE  
 Reporting period JAN. 1, 2010 through DEC. 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTRAZENECA PHARMACEUTICALS LP</u>	<u>08/30/10</u>	\$ <u>400</u>
Mailing Address <u>17516 JEANNETTE STREET</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>NEW ORLEANS, LA 70118</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON</u>	<u>09/15/10</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. BOX 9034</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>	<u>10/18/10</u>	\$ <u>250</u>
Mailing Address <u>135 NORTH CHURCH STREET</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGIA-PACIFIC</u>	<u>12/29/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. BOX 61270</u>	<u>  1  1  </u>	\$
City, State, Zip Code <u>PHOENIX, AZ 85082-1270</u>	<u>  1  1  </u>	\$
Name of Employer (Required)	<u>  1  1  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee ROGER G. ISHEE  
 Reporting period JAN. 1, 2010 through DEC. 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>MISSISSIPPI REPUBLICAN PARTY</u>	Date (Mo., Day, Year) <u>01/18/10</u>	Amount of each disbursement this period \$ <u>220</u>
Mailing Address <u>P.O. Box 60</u>		
City, State, Zip Code <u>JACKSON, MS 39205-9948</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>SUSTAINING MEMBERSHIP</u>	Aggregate Year-to-date	\$ <u>220</u>
B. Full name <u>PALAZZO FOR CONGRESS</u>	Date (Mo., Day, Year) <u>08/10/10</u>	Amount of each disbursement this period \$ <u>200</u>
Mailing Address <u>P.O. Box 4634</u>		
City, State, Zip Code <u>BILOXI, MS 39535</u>	<u>09/13/10</u>	\$ <u>100</u>
Purpose of Disbursement (Optional) <u>CONGRESS CAMPAIGN</u>	Aggregate Year-to-date	\$ <u>300</u>
C. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$